

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030065

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

977

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
L.H. Pifer, M.D.  
MEDICAL CERTIFICATION

USE BLACK INK

OR

TYPEWRITER RIBBON

FILED SEP 4 1962

## 1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

77 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

1603 N. 2nd St.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Buchanan

c. CITY

OR

TOWN

St. Joseph

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

1603 N. 2nd

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First

Ralph

Middle

T.

Last

Combs

## 4. DATE OF DEATH

Month

8

Day

28

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5/15/1885

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Elevator Operator

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

St. Joseph, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charlie Combs

## 13b. MOTHER'S MAIDEN NAME

Emma Diaz

## 14. NAME OF HUSBAND OR WIFE

Ione Combs

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Ione Combs

## Address

1603 N. 2nd St.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

GENERAL ANOXIA

## INTERVAL BETWEEN ONSET AND DEATH

2 WEEKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

COMPLETE HEART BLOCK

2 WEEKS

## DUE TO (c)

ARTERIO-SCLEROTIC HEART DISEASE

UNIC.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from AUG. 1, 1962 to AUG. 15, 1962 and last saw him alive on AUG. 15, 1962

Death occurred at 1:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

1302 PANSY

## 22c. DATE SIGNED

8-30-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Aug 31, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Ashland

## 23d. LOCATION (City, town, or county)

St. Joseph

## (State)

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Beatrice Gray

812 Pacific St

## 25. DATE RECD. BY LOCAL REG.

Aug 30, 1962

## 26. REGISTRAR'S SIGNATURE

Mrs. Charles Hardill

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 8/30/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Eugene Miles*

Licensed Embalmer No.

*3623*

P. O. Address

*Atchison, Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.